

STATEMENT OF HEALTH – HORSES ONLY



Producer's Name _____ Agency Code 87 - _____ Mail Address _____ City, ST Zip _____ Phone _____ Fax _____ E-mail Address _____	Applicant's Name _____ Mail Address _____ City, ST Zip _____ Phone _____ Fax _____ E-Mail Address _____
----------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

**This Statement forms part of the Animal Mortality Application for Horses.
 Valid only on Horses aged 6 months to 16 years and valued at \$50,000 or less.
 (To be completed by the applicant.)**

Horse (1) Name _____	Horse (2) Name _____	Horse (3) Name _____
Use of Horse (1) _____	Use of Horse (2) _____	Use of Horse (3) _____
How long have you known Horse(1)? _____	How long have you known Horse(2)? _____	How long have you known Horse(3)? _____

(If you have known horse(s) less than 30 days, this form is not applicable and a Veterinarian's Statement is required.)

	<u>Horse (1)</u>	<u>Horse (2)</u>	<u>Horse (3)</u>
1. Is the horse currently free of lameness and healthy, without the use of drugs, for the use intended?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you observed the horse in all gaits involved in its intended use?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the horse have any past conformational problems or defects, illness or disease, lameness, injury or physical disability including but not limited to: laminitis/founder, OCD, neurological disorders e.g. EPM, navicular disease and/or degenerative joint disease?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has the horse had any colic, impaction, colic surgery or intestinal disorder within the last 36 months?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has the horse listed been vaccinated for the West Nile Virus?..... If Yes, provide date of first vaccination and date of booster below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has the horse been HYPP tested?..... If Yes, please check result: Horse(1) <input type="checkbox"/> N/N <input type="checkbox"/> N/H <input type="checkbox"/> H/H Horse(2) <input type="checkbox"/> N/N <input type="checkbox"/> N/H <input type="checkbox"/> H/H Horse(3) <input type="checkbox"/> N/N <input type="checkbox"/> N/H <input type="checkbox"/> H/H	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has the horse been nerved or received any surgical treatment for lameness?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Has the horse been examined or treated by a veterinarian for other than routine care within the last year?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Has the horse undergone diagnostic ultrasound, bone scan or x-rays within the last 36 months?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Has the horse received any joint injections, any type of medication long or short term, or any preventative treatments in the last 24 months?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is the horse due to foal any time during the proposed policy period?..... If Yes, give estimated foaling date along with the number of previous foals.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Was a pre-purchased exam done?..... If Yes, a copy of results may be requested by Company.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. If Yes is marked as the answer for any horse in questions 3 through 12, please provide details below.....			

I declare the above statements are true and complete, and that no material information was withheld.

Applicant's Signature _____	Date: (Must be no more than 30 days prior to policy effective date) _____
-----------------------------	---------------------------------------------------------------------------